
Civil Action No.**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)*
was received by me on *(date)* 4/3/23.

- I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or
- I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* Peggy Cozzart _____, who is
designated by law to accept service of process on behalf of *(name of organization)* Associated
Pharmacies Inc _____ on *(date)* 4/5/23; or
- I returned the summons unexecuted because _____; or
- Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services; for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 4/5/23

Sheila Brooks

Server's signature

Sheila Brooks SPS

Printed name and title

Server's address

Additional information regarding attempted service, etc: